



AUG 28 2003

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RCE/3765

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Yencho, Stephen; et. al.  
Assignee: Cardica, Inc.  
Title: Implantable Superelastic Anastomosis Device  
Serial No.: 09/687,216 Filing Date: October 12, 2000  
Examiner: Ismael Izaguirre Group Art Unit: 3765  
Docket No.: 032405-018

H17  
10-30-3**RECEIVED**

August 28, 2003

SEP 04 2003

Mail Stop RCE  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TECHNOLOGY CENTER R3700

**REQUEST FOR CONTINUED EXAMINATION (RCE)**

Dear Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. The RCE fee required under 37 C.F.R. § 1.17(e) is authorized in an accompanying transmittal letter. Please consider the Information Disclosure Statement submitted with this request.

Please contact the undersigned attorney with any questions.

**EXPRESS MAIL LABEL NO.**  
**EV302958314US**

Respectfully submitted,

Brian A. Schar  
Attorney for Applicant(s)  
Reg. No. 45,076  
(650) 364-9975 x162

09/02/2003 NBERNE 00000087 09687216  
01 FC:2801 375.00 UP

**Match and Return**



August 28, 2003

Mail Stop RCE  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Re: Applicant(s): Yencho, Stephen; et. al.  
Assignee: Cardica, Inc.  
Title: Implantable Superelastic Anastomosis Device  
Serial No.: 09/687,216  
Examiner: Ismael Izaguirre  
Docket No.: 032405-018

Filed: October 12, 2000  
Group Art Unit: 3765

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) This Transmittal Letter;
- (2) Request for Continued Examination;
- (3) Information Disclosure Statement;
- (4) Form PTO-1449 and 1 listed reference;
- (5) Check no. 8111 in the amount of \$375.00; and
- (6) Return postcard.

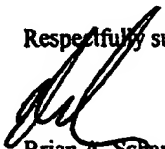
- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee
Basic RCE fee							\$375.00
Total Claims	21	Minus	21	=	0	x \$9	\$ 0.00
Independent Claims	4	Minus	4	=	0	x \$42	\$ 0.00
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application							\$
<input type="checkbox"/> Fee for recordation of change of name under 37 CFR 1.21(h)							\$ 40.00
<b><u>Total additional fee for this Amendment:</u></b>							\$ 0.00
<input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input type="checkbox"/> Please charge our Deposit Account No. 502108 in the amount of							\$ 0.00
<input checked="" type="checkbox"/> Please charge any additional fees required and credit any overpayment to our Deposit Account No. 502108.							
<b>Total:</b>							\$ 375.00

Express Mail Label No.  
EV302958314US

Respectfully submitted,

  
Brian A. Schar  
Attorney for Applicant(s)  
Reg. No. 45,076

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